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ABSTRACT

Orthodox medical education for women in the nineteenth century is examined to determine to what extent women's actual experience reflected their stated goals. It is contended that although women successfully founded some medical schools providing creditable, and in some cases outstanding, training to females, women physicians' ambivalence about the rewards of separate education and the role of the woman physician led them to abandon support for these schools at a time when their existence was still crucial to the success of the entrance of women into the medical profession. On the one hand, female medical educators strove to make women physicians as professional as possible, demanding that students comply with, if not surpass the highest standards of excellence for men. On the other hand, they sought to preserve for women a special role in medicine, hoping to channel their intellectual energies into service appropriate to Victorian concepts of woman's sphere. Although successful in the narrow sense, the movement to educate women in medicine in the nineteenth century failed to change timeworn beliefs about the role of women in the profession. (SW)

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WOMEN PHYSICIANS, COEDUCATION AND THE STRUGGLE FOR PROFESSIONAL STANDARDS IN 19th CENTURY MEDICAL EDUCATION

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When Elizabeth Blackwell received her degree from Geneva Medical College in 1849 she touched off a debate over the role of women in American medicine that raged on into the next century. Blackwell's achievement indicated that by the mid-19th century medical education for women had emerged as an idea to be taken seriously, for within the ensuing decades pioneers founded five orthodox and a handful of sectarian women's medical colleges, while several older schools opened their doors to women. By the end of the century female physicians numbered between four and five per cent of the profession, a figure which remained fairly constant until the 1960's.

The entry of women into medicine constituted one part of a broader 19th century movement toward self-determination in which reformist women with many different interests and ideologies played a significant part. Female physicians saw their push for the right to study and practice medicine as part of a larger effort to examine and redefine traditional concepts of womanhood to adapt to the demands of an unstable, complex and rapidly industrializing society. This redefinition explicitly called for a more intensive role for all women within the family and implicitly for a more comprehensive role for <u>at least some women</u> in society at large. This new role which called upon certain women to train for a larger social purpose was nowhere more apparent than in the arguments mustered in defense of medical training for women.

In this paper I would like to examine briefly orthodox medical education for women in the 19th century in order to determine to what extent women's actual experience reflected their stated goals. Women physicians, in pushing beyond the limits of woman's socially approved sphere, naturally encountered stubborn opposition from their medical brethren. Mary Walsh has carefully

depicted some of their handicaps in her recent book. Yet there is more to this story. How successful were women's efforts despite their difficulties, and in what ways did their own vision of their potential contribution aid or hamper their integration into the larger profession? I will argue that although women successfully founded a handful of medical schools providing creditable and in some cases outstanding training to females, women physicians' ambivalence about the rewards of separate education and the role of the woman physician led them to abandon support for these schools at a time when their existence was still crucial to the success of the entrance of women into the medical profession.

For a number of reasons, only women who trained in "regular" medical schools will be dealt with in this discussion. Though we find more medical "sectarians" among female practitioners than among males, regular physicians still accounted for 75% of late 19th century women doctors, and of course spokeswomen from this group were the only individuals who commanded much respect from the orthodox medical profession.[1] By the end of the century, moreover, medical sectarianism had virtually lost its battle with orthodox medicine, and female sectarians--a minority within a beleagered minority--had little power, influence or prestige--even, or perhaps especially, among their regular medical sisters. Thus we must look to a determined and articulate group of orthodox women physicians if we wish to examine both the problems encountered and the achievements accomplished in the realm of medical education; these women made choices and carried through decisions which ultimately affected women's role in medicine in the next century.

Though many of the early leaders of female medical education developed a strong feminist consciousness because of the ways in which their life choices conflicted with accepted norms for female behavior, we must remember that their feminism rarely led them to challenge accepted Victorian definitions of

femininity. They infrequently opposed the concept of separate sexual spheres, arguing instead that women had a role in medicine by virtue of their special qualities of nurturance, which would both compensate for and be complimentary to the role and achievements of men.

"The meaning of the medical movement amongst women in America," wrote Elizabeth Blackwell in 1860, "is the felt necessity for the education of women in Science. . . . It is the full cultivation of the natural powers of a large number of intelligent women, for the purpose of occupying positions which men cannot fully occupy, and exercising an influence which men cannot wield at all."[2] Women physicians did not often challenge the worship of the home as woman's sphere, they merely argued that domestic life could be improved if the achievements of science could be brought to bear on home pursuits. Women physicians would be, in Blackwell's phrase, the "connecting link" between the science of the medical profession and the everyday life of women.[4] "We grant that home is woman's sphere. . ." admitted Dean Ann Preston of the Woman's Medical College of Pennsylvania. "Ladies, it is for the very purpose of making home enjoyments more complete," she told her students, "that you have been delegated to day to bear health and hope to the abodes you enter."[5]

Medical education, then, did not necessarily totally liberate women physicians from traditional views of woman's role, nor was it intended to do so. And yet women physicians' insistence on procuring equal access to professional training--a demand which for a long time the medical schools for men refused to meet--was potentially a radical departure from contemporary norms. These two somewhat contradictory convictions--that women physicians were special and different from men, but that they needed equal access to existing institutions to perform their role properly--account for a measure of ambivalence in the

articulation of the movement's goals. The tension between women's belief in their unique virtues as domestic healers and their desire to compete equally with men for professional training led to conflict, especially when confronting what women doctors considered the two major issues of the period, the problem of coeducation and the question of professional standards. Let us examine how they handled each of these in turn.

Orthodox medical schools were particularly slow to admit women; each of the five prominent female medical colleges founded between 1850 and 1883 was established in response to the exclusionary policies of men's schools in the area. Yet women physicians had many supporters among prominent medical men, and respected male physicians offered aid and comfort to these fledgling institutions for women. Although some men supported womens schools as an excuse to exclude women physicians from the mainstream of the profession, others gave every evidence of genuine respect for their achievements. Not all of the male opposition to admitting women to existing medical schools can be attributed to male disapproval of women doctors. Many physicians were more than willing to see women educated, so long as it was done in separate institutions of comparable quality.[6] "To say that men and women should be educated in medicine separately," wrote an anonymous Chicago correspondent to the Boston Medical and Surgical Journal in 1878, is no disparagement to women students, nor is it opposition to the free and equal entry of women into the profession. It is simply deference to an almost universal feeling of the sexes toward each other,--a feeling with which from childhood up we are indoctrinated by the civilization of our time."[7] To Victorian ladies and gentlemen, the question of men and women studying the human body together in mixed classes was a delicate issue and remained throughout the century a deterrent to admitting women to existing schools on an equal

basis with men. By 1893, only 37 out of the 105 regular medical schools were open to women. A number of these were the major state universities, which were obligated to institute coeducation by their charters.[8]

Yet despite their unwillingness to challenge many aspects of Victorian sensibilities, many women physicians would have preferred coeducation to the establishment of all women's schools. They worried that separate institutions for women would prove inferior and they thus supported them with some reluctance and internal conflict. When contemplating the establishment of a woman's medical college in 1860, the trustees of the New York Infirmary for Women and Children argued that "no system of separate institutions," could ever be as valuable as giving women the opportunity to share "the accumulated experience of the profession in public institutions and receiving (sic) the stimulus and guidance and companionship of men in the acquisition of knowledge. . ."[9]

Four out of the five major women's medical colleges were founded only after the failure of male institutions to accept female students. In New York, for example, Elizabeth Blackwell and the trustees of the New York Infirmary worked vigorously to convince established schools to take female applicants. Uneasy at the pending establishment of a homeopathic woman's medical college in the city, prestigious physicians who favored regular medical education for women urged Blackwell to start her own school so that "medical education for women should not be allowed to pass into the hands of. . . irresponsible persons. . . ." Yet it was not without regret that Blackwell decided to go ahead with plans for a Woman's Medical College attached to the New York Infirmary. She and her female colleagues at the hospital "felt very strongly the advantage of admission to the large organized system of public instruction already existing for men; and also the benefits arising from associating with men as instructors

and companions in the early years of medical study."[10]

Mary Putnam Jacobi, who taught for decades at the Infirmary and was probably the most highly respected woman physician of her time, was even more blunt about the rewards of coeducation. "There is no manner of doubt," she wrote, "that . . . coeducation in medicine is essential to the real and permanent success of women in medicine. Isolated groups of women cannot maintain the same intellectual standards as are established and maintained by men. The claim of ability to learn, to follow, to apply knowledge, to even do honest original work among the innumerable details of modern science, does not imply a claim to be able to originate, or to maintain by themselves the robust, massive intellectual enterprises, which, in the highest places are now carried on by masculine strength and energy."[11]

These remarks, as well as other evidence suggests that the women's medical colleges labored under a stigma of inferiority which was internalized if not perpetuated by women doctors themselves. Bethenia Owens-Adair, who in the early 1870's had attended Penn Medical University, an eclectic institution in Philadelphia, decided after a few years' practice in Oregon to advance her status by returning for a regular medical degree. She set her heart on attending Jefferson Medical College, a bastion of male privilege which did not open its doors to women until 1961. Owens-Adair returned to Philadelphia and sought an interview with Samuel Gross, a well known surgeon and distinguished member of the Jefferson faculty. Hearing of her plans, Gross cordially regretted that although he would "gladly open the doors of Jefferson" to her, "the board of regents had the power "and they are a whole age behind the times. . ." Why not go to the Woman's College?" He queried. "It is just as good. The examinations . . . are identically the same". (sic) Owens-Adair's reply spoke

volumes: "I know that Professor Gross," she answered, "but a Woman's College out West stands below par, and I must have a degree that is second to none." "Then the University of Michigan is the school for you," Gross concluded.[12]

Although most women physicians preferred that women be educated at male institutions, it also seems clear that they were plagued with doubts about women's abilities to withstand the rigors of medical training, especially in a male dominated atmosphere. Once the women's medical schools were established, they attempted to provide compensatory education to women who they reasoned were not yet used to the discipline of science. "It was realized . . ." remembered Jacobi of the New York Infirmary, "that the best way to compensate the enormous disadvantages under which women physicians must enter upon their work, was to prepare them for it with peculiar thoroughness. Women students were almost universally deficient in preliminary training: their lesser physical strength rendered a cramming system more dangerous to health and more ineffective as a means of preparation. . ." Blackwell too was aware of what she termed "intimate sources of difficulty." "Women have no business habits: their education is desultory in its character, girls are seldom drilled thoroughly in anything; they are not trained to use their minds any more than their muscles; they seldom apply themselves with a will and a grip to master any subject."[13]

Female leaders in medical education, then, looked upon the decades after 1860 as a trial period in which women, barred for the most part from men's schools, must prove that they were, in Jacobi's words, made of "superior mettle."[14] Stigmatizes for being all female, all but one of the woman's colleges struggled valiantly and for the most part successfully, to establish and maintain professional standards which would remain beyond the reproach of male colleagues.

In order to understand female medical educators' second major concern--their obsession with high standards--we must digress briefly to consider the state of medical education in this period.

The mid-19th century witnessed the proliferation of proprietary medical schools founded by private practitioners primarily to turn a profit. These institutions drastically reduced the standards of medical education as they competed with each other for students. Some faculties shortened lecture sessions to enable students to receive the degree after 9 months of attendance; other schools virtually abolished preliminary educational requirements, and clinical training at all but a select few remained scant. Although most schools still technically demanded one year of clinical apprenticeship with a private physician before issuing the degree, the preceptorial requirement had virtually broken down by 1850, so that in many places students were no longer obligated to submit preceptor's certificates.

The multiplication of colleges, the decline in standards and the consequent decrease in the quality of medical practice worked to undermine the prestige of physicians as a group. In his opening address to the American Medical Association in 1869, president William O. Baldwin spoke of a deteriorating system of medical education. "Any man can enter a medical college in this country without having gone through even the jest or mockery of spending a year in a private preceptor' office," he complained. Many colleges admitted students for "simply paying the fees required." "Those who so desired would attend the lectures and hold private quiz-clubs to familiarize themselves with the material, while many of the other students attended the "lager-beer saloons and theatres at night." Because of what he felt were low standards, he concluded, it was "but a short step from the plough-handles to the diploma."[15]

This situation prompted a reform-minded minority to take steps to deal with the problems facing the entire medical community. Concerned professionals had organized the AMA in 1846 and shortly afterward members formed a committee on medical education to study the problem and recommend measures for improvement. Investigation revealed a dismal picture. A report stated that only 22 of the 38 colleges had 7 or more professors; a mere four had terms of six months or longer, less than half required dissection, only a handful demanded hospital attendance, and at least ten schools had abolished the required certificate from a preceptor.[16]

It was in the midst of this crisis over medical education that the women's medical schools were founded. Thus the debate over women physicians became intertwined in a complex but logical manner with the debate over raising medical standards. Nowhere are the connections more apparent then in the discussions concerning the admission of women to membership in the medical societies. The lowering of professional standards, although financially beneficial to the colleges, was, after all, detrimental to the medical societies. So long as these groups remained desperately concerned with their professional image and so long as they believed that the women's medical schools were inferior, they had an iron-clad excuse for barring women from membership.[17]

The bitter irony, however, is that four of the five regular women's schools that I investigated provided adequate or superior medical training, especially if compared to other contemporary institutions. In 1847 and again in 1867 the AMA Committee on medical education published a series of guidelines for its member colleges. In the first report the committee recommended a 6 1/2 month term , three years of study, required dissection, clinical instruction, a faculty of at least seven members and more stringent preliminary education

standards. Twenty years later a new report added a graded curriculum, yearly examinations and an increase in the number of professors (nine) to its recommendations.[18]

From the day it opened its doors in 1868 the Woman's Medical College of the New York Infirmary complied with almost all of the AMA guildelines. Indeed, some procedures, for example a Board of Examiners consisting of some of the most distinguished physicians in the city which passed on every student graduating from the school, proved far ahead of the times. Dr. Steven Smith, a member of this board for a number of years recalled in 1911 that at the time he was an examiner he was also a professor in men's school. "As to the qualifications of the two classes, both technical and practical," he confessed, "the graduating classes of the women's school generally averaged the highest. . ." William Welch, also a member of the examining board in his early career, admitted years later to Josephine Baker, "I am now ashamed of the type of question we required those young women to answer. I am sure no one would have tolerated them in our own colleges. But our excuse must be that Dr. Blackwell demanded more difficult questions than could be submitted to our students, for she was determined that all women graduated from her college should be a carefully selected group."[19]

By 1874 when the term was lengthened to six months and a three years' course became obligatory, the school stood at the forefront of the movement for higher standards. The college continued to make curriculum changes throughout the century and its clinical teaching proved innovative.[20] Meanwhile, few of the male medical schools altered their policies in accordance with AMA standards; when they did they invariably lost students. Only five medical schools, Chicago Medical College, Harvard, the University of Pennsylvania, Syracuse and the coeducational University of Michigan managed to lengthen their terms and

institute a three years' graded course by the end of the 1870's.[21]

The Woman's Medical College of Pennsylvania was slower to improve its curriculum than its sister school in New York, yet it still boasted a respectable program well in advance of the majority of medical schools. For example it required a three years' graded course only four years after this was instituted at the progressive University of Pennsylvania and it lengthened its term to six months in 1885. By 1876 it demanded that entering students either present a diploma from an advanced school or take an entrance examination. The faculty began yearly examinations for course work early in the college's history and joined with five other schools--Harvard, Michigan, Chicago Medical College and the New York Infirmary in requiring a four year course as early as 1893.[22]

The desire to develop a special role for women in medicine also led these two schools to important clinical innovations. A recent study of the teaching of obstetrics revealed that this branch of medical education lagged pitifully behind other subjects. In most institutions midwifery teaching consisted solely of didactic lectures. In contrast, Dr. Anna Broomall organized an out-patient department in 1876 connected to the Woman's Hospital of the Woman's Medical College of Pennsylvania which eventually offered the first prenatal care in the country. Each medical student was responsible for the independent management of at least six obstetric cases before she was graduated. The New York Infirmary provided a similar experience in obstetrics and gynecology. The 1888 faculty minutes refer to a requirement demanding that every student attend at least twelve cases before graduation.[23]

The Woman's Medical College of Chicago opened in 1870 with a large faculty of seventeen. It required both dissection and clinical instruction from the start, and although a graded curriculum was not made obligatory until 1876,

students were advised to take a progressive course, which was conveniently divided into "Junior" and "Senior" sections. Yearly examinations were adopted. The term of study remained only five months initially, but was soon lengthened to seven in 1883. The faculty strongly urged students to pursue a three years' course, but did not require them to do so until 1890. Clinical and laboratory work, including practical obstetrics, pathology, chemistry and histology was required early at Chicago, as well as in New York and Philadelphia.

Baltimore gained a woman's medical college in 1882 when a group of distinguished male physicians, including the uncle of M. Carey Thomas, opened a school they hoped would offer "all the opportunities for the pursuit of knowledge that are offered to men," within an "unrestrained" and "unembarrassed" atmosphere. The term was immediately set at seven months, final examinations were required at the end of each term, and a graded course of instruction with the completion of a "creditable" dissection was mandatory. The faculty instituted a three years' course in 1888. Laboratory facilities were "scrupulously well kept" according to Abraham Flexner, who visited the school in 1909, they showed, he thought, a desire to do "the best possible with meager resources." Although clinical opportunities were available, Flexner found these to be inadequate, but not more so than the majority of medical schools at the time. How well this small school did its work in spite of lack of funds and equipment is evidenced by the fact that in 1890 two of its graduates were appointed internes in Blockley hospital in Philadelphia following a stiff competitive examination.[24]

The only regular woman's medical college of any lasting significance at which accusations of inferiority were at all accurate was the New England Female Medical College in Boston, founded in 1848 as a school of midwifery by an idiosyncratic and opinionated male health reform lecturer, with no formal medical

training, Samuel Gregory. Even its catalogues, which were written by Gregory himself, read as amateurish and rambling, lacking the professional veneer of those of the other schools. The term of study was short: only four months. The school remained handicapped for years by a small faculty. There is no evidence a graded curriculum was ever offered. Women physicians educated elsewhere kept an emphatic distance from the school specifically because of its bad reputation; many feared that its very existence gave women in medicine a bad name. Mary Putnam Jacobi commented that "there was no one connected with [the school] who either knew or cared what medical education should be . . . It offered a curriculum of instruction, so ludicrously inadequate for the purpose, as to constitute a gross usurpation of the name."

Samuel Gregory's antequated ideas about medical education led him into conflict with his faculty, but he kept tight reins over the school. His conservatism was matched only by his stubbornness. Marie Zakrzewska, who taught briefly there from 1859 to 1862, complained that "had the originator of the school . . . been a man of higher education and broader views, the school might have been taken up by the men standing highest in the profession. The prevailing sentiment among these men seemed to be that if women wanted to become physicians, the trial should be made by giving them the same advantages as were offered to men students." Mary Putnam Jacobi could not hide her delight when the school was "extinguished as an independent institution." In a letter to the trustees upon her resignation, Kakrzewska summed up the feeling of many concerned women educators: "If it were the intention of the trustees," she wrote, "to supply the country with underbred, ill educated women under the name of physicians in order to force the regular schools of medicine to open their doors for the few fitted to study, indiscriminately 'Doctors of Medicine,' I think the New

England Female Medical College is on the right track." Although the school was clearly the exception among women's institutions in this period it is difficult to know the extent to which it hampered women physicians' own self-image, or the confidence of male physicians in them. The final chapter of the college's history put it beyond the pale: in 1873 it merged with Boston University and became homeopathic, a move which drew contempt from female regulars.[25]

I have intended to show in this paper that female medical educators articulated by word and deed two primary goals. On the one hand they strove to make women physicians as "professional" as possible, demanding that students comply with, if not surpass the highest standards of excellence for men. On the other they sought to preserve for women a "special" role in medicine, hoping to channel their intellectual energies into service appropriate to Victorian conceptions of woman's sphere.

Most women physicians clung to a belief in the necessity of coeducation largely because they doubted women's ability to create separate institutions commensurate with male standards. Although our retrospective study of the women's schools suggests that such doubt was unfounded and that most of these institutions performed valiantly despite their isolation from the mainstream of American medicine, the majority of female educators established the women's colleges as "cautious experiments." Most women physicians came to view these schools as valuable merely as a temporary means of proving women's competency in medicine. Only the Woman's Medical College of Pennsylvania seemed quite certain of its own future significance.[26] In contrast, the other women's medical colleges closed their doors one by one. Plagued by mounting financial burdens engendered by the costs of medical education in a new scientific age, and excited and hopeful about new opportunities for women at first rate male

institutions like Cornell and Johns Hopkins, female medical educators optimistically predicted women's greater integration into the profession.[27]

Yet coeducation proved disappointing. For numerous and complex reasons, including both the contradictions within their own ideology as well as institutional discrimination, female enrollments at coeducation institutions remained scattered and generally scanty in the 20th century. What is more, women at these institutions found themselves isolated from the experience of a self-supporting and self-directed female community, something which the women's colleges, despite their handicaps, had managed to provide. Medical professionalism and medical education remained unquestionably dominated by men. Indeed one wonders, given their awareness of the extreme sex role stereotyping of their culture, how female educators could have ever expected otherwise.

Equally puzzling is the tenacity with which women physicians clung to the belief that women could be educated to play a special and compensatory role in medicine at coeducational institutions, where they would inevitably be outnumbered. That women physicians held to this conviction suggests the degree to which they were still committed to biological explanations of sexual differences.

By the early decades of the 20th century, it became clear that a large percentage of women physicians--from one fourth to one third--would still get their training at the sole surviving woman's school. Female medical educators reluctantly acknowledged that coeducation had raised many false hopes. "It becomes increasingly evident," remarked Dean Martha Tracy of the Woman's Medical College of Pennsylvania, in 1919, "that in . . . coeducational institutions the interests of women must subordinate to the interests of men who form the major part of the student body. . ."[28]

We cannot avoid concluding that though women founded creditable and

occasionally outstanding medical schools in the 19th century, they failed to integrate themselves as a significant group into the mainstream of American medicine. Always suspicious of the rewards of separate institutions, they viewed them as temporary expedients, and in the process overlooked the inherent pitfalls of coeducation. Their belief in the "givenness" of woman's special role in medicine and their gnawing worry that all alone, women simply could not train themselves to be good doctors led them to overlook the enormous potential benefits of separate professional schools for a society in which extreme sex stereotyping was prevalent. Throughout the late 19th and early 20th centuries, cultural discrimination remained a frustrating reality. Though women's institutions had proved that females could be competent, even outstanding physicians, American society was not prepared to come to grips with these achievements. And women physicians themselves remained constantly vulnerable to Victorian definitions of woman's role, which relegated their accomplishments to a complimentary and even subordinate position. In their very acceptance of the home as woman's legitimate sphere they unwittingly defined themselves as deviants from the norm, albeit deviants with a higher social purpose.

Although successful in the narrow sense, the movement to educate women in medicine in the 19th century failed to change timeworn beliefs about the role of women in the professions. Women doctors in the 20th century continued to live a precarious existence, accepted neither as full fledged professionals by their colleagues on one hand, nor as representative women by society on the other.

NOTES

[1]This estimate is drawn from the Records of the Commissioner of Education, from the years, 1889-90, 1892-93, 1895-96, 1898-99, 1903.

[2]From notes "On the Education of Women Physicians," n.d. but internal evidence suggests 1860. Blackwell MSS. See also remarks of Blackwell's friend and admirer, Dr. Eliza Mosher: "Educated medical women touch humanity in a manner different from men; by virtue of their womanhood, their interest in children, in girls and young women, both moral and otherwise, in homes and in society," in "The Value of Organization--What it Has Done for Women," Woman's Medical Journal, June 1916. (Reprint in Archives of Medical College of Pennsylvania)

[3]Reprint of first annual announcement in Gulielma F. Alsop, M.D , History of the Woman's Medical College, Philadelphia, Pennsylvania, 1850-1950, Philadelphia, 1950, 19.

[4]Elizabeth and Emily Blackwell, Medicine as a Profession for Women, New York, 1860, 8-9.

[5]Valedictory Address, 1857-8, Philadelphia, 1858, 9. Thirty years later Professor Anna M. Fullerton of the same school told another graduating class that "the self-dependence of women who have pressed into the ranks of non-domestic and professional employment is but a conservative effort of Nature to heal some of the gaping wounds of our social system." Valedictory Address, May, 1893, Phila. 1893, 11. See also Regina Markell Morantz, "'The Connecting Link': The Case for the Woman Doctor in Nineteenth Century America," in Ron Numbers and Judith Leavitt, eds., Studies in the History of Health Care, Univ. of Wisc. Press, August, 1978.

[6]See Elizabeth Blackwell, Pioneer Work in Opening the Medical Profession to Women. New York, 1895, 237-238; Henry I. Bowditch, "The Medical Education of Women," Boston Medical and Surgical Journal (BMSJ) 101, July 10, 1879, 67-69; "The Admission of Women to Harvard University," op. cit., 100, June 5, 1879, 789-91; "The Admission of Women to Harvard Medical School," op. cit., 99, July 4, 1878, 30-31.

[7]Ibid.

[8]From the Records of the Commissioner of Education. See Appendix I.

[9]See Annie Sturgis Daniel, M.D. "A Cautious Experiment"; "The History of the New York Infirmary for Women and Children and the Woman's Medical College of the New York Infirmary," Woman's Medical Journal, Feb., 1940, 40.

[10]Blackwell, Pioneer Work, 237-238.

[11]Mary Putnam Jacobi, "Women in Medicine," in Annie Nathan Meyer, Woman's Work in America, New York, 1891, 176.

[12]Dr. Owens-Adair: Some of Her Life Experiences, Portland, Ore., 1905, 90-91. A number of women, after having received a degree from a woman's school, attended a coeducational college for a second degree. (Sanford, Thompson, Jacobi, E. Grisselle.)

[13]See Jacobi, 171; Elizabeth Blackwell, Address on the Medical Education of Women, New York, 1863, 8-9.

[14]See Jacobi, "Inaugural Address to the Woman's Medical College of the New York Infirmary, 1880," Chicago Medical Journal and Examiner, 42, (1881) 561-585.

[15]For a survey of American medical education in the 19th century see Martin

Kaufman, American Medical Education, Westport, Conn., 1976. For Baldwin's remarks see Kaufman, 111.

[16]Kaufman, 102.

[17]Martin Kaufman, "The Admission of Women to 19th-century Medical Societies," Bulletin of the History of Medicine, 50 (S'1976) 251-259.

[18]Kaufman, Medical Education, 94, 110.

[19]Information on curriculum in all the women's schools has been gathered from the Annual Catalogues for the appropriate years. For comments on the Examining Board see Stephen Smith's comments in In Memory of Dr. Elizabeth and Dr. Emily Blackwell, New York, 1911, 15. Welch's remarks are from S. Josephine Baker, Fighting for Life, New York, 1939, 33-34.

[20]See Daniel, "A Cautious Experiment," passim.

[21]Kaufman, 130. It could be argued that women students had less choice in attending medical school and therefore the women's schools were not plagued with a potential loss of students every time they raised their standards. But there were a number of coeducational sectarian schools with lower standards, and a homeopathic woman's medical college competed with the New York Infirmary in New York City. Some women deliberately returned to a regular school after receiving a sectarian degree.

[22]See Jacobi's comments about the first three decades of the school's history in "Woman in Medicine," 161-163, 170. Kaufman, 127-143.

[23]Kate Campbell Hurd-Mead, Medical Women of America, New York, 1933; 30, 69, and New York Infirmary Faculty Minutes, in Daniel, "A Cautious Experiment", Woman's Medical Journal, Sept., 1941, 274. For a recent history of the teaching

of obstetrics and gynecology see Lawrence Longo, M.D. "The Teaching of Obstetrics and Gynecology" unpublished paper, 1978. There is good evidence that many physicians were aware of this superior training. When the Philadelphia Medical Society debated the admission of women in 1870, Dr. Atlee commented, "These women's colleges stand in many respects better than many of the colleges represented in the association; they give obstetrical and clinical instruction, as is not given in a majority of the colleges represented here . . . By the rules of our medical association, I dare not consult with the most highly educated female physician, and yet I may consult with the most ignorant masculine ass in the medical profession." Jacobi, "Women in Medicine," 181.

[24]The Announcement of the Woman's Medical College of Baltimore, Baltimore, 1882, 5. Abraham Flexner, Medical Education in the United States and Canada, New York, 1910, 237; Lillian Welsh, M.D. Reminiscences of Thirty Years in Baltimore, Baltimore, 1925, 37.

[25]Jacobi, "Women in Medicine," 145. Marie Zakrzewska, A Woman's Quest, New York, 1924, 272, 282.

[26]It is significant that Pennsylvania lacked even one medical school open to women in the 19th century.

[27]For the acceptance of coeducation see Sarah Hackett Stevenson, "Coeducation of the Sexes in Medicine," in Physiology of Woman, Chicago, 1882; S. Josephine Baker, Fighting, 25; Emily Dunning Barringer, From Bowery to Bellevue, New York, 1950, 57; Mary F. Thomas, "The Influence of the Medical Colleges on the Medical Education of the Women of the State," Indiana State Medical Society, Trans., 1883, 33, 228-38.

[28]"The Woman's Medical College of Pennsylvania; Its Relation to All Women in Medicine," Woman's Medical Journal, Oct., 1919. Reprint in files of Medical College of Pennsylvania.

Appendix I: Medical Schools Open to Women in 1893

Regulars (37 out of 105 total)

1. University of Southern California
2. Cooper Medical College, San Francisco
3. University of California, San Francisco

4. University of Colorado, Boulder
5. University of Denver
6. Gross Medical College, Denver

7. Columbian Medical College, Washington, D.C.
8. Howard University, Washington, D.C.

9. Woman's Medical College of Georgia, Atlanta (Extinct 1891)

10. Woman's Medical College, Chicago

11. Taylor Medical College, Ft. Wayne, Ind.
12. Central College of Physicians and Surgeons, Indianopolis
13. Medical College of Indiana, Indianopolis

14. Iowa College of Physicians and Surgeons, Drake Univ., Des Moines
15. State University of Iowa, Iowa City
16. Keokuk Medical College, Keokuk, Ia.
17. Keokuk College of Physicians and Surgeons, Keokuk, Ia.

18. Kansas Medical College, Topeka.

19. Woman's Medical College of Baltimore.

20. College of Physicians and Surgeons, Boston

21. University of Michigan, Ann Arbor
22. Michigan College of Medicine and Surgery

23. University of Minnesota
24. Minneapolis College of Physicians and Surgeons

25. St. Louis Hygienic College of Physicians and Surgeons
26. Ensworth College, St. Joseph, Mo.

27. Creighton Medical College, Omaha
28. Omaha Medical College

29. Buffalo University
30. Woman's Medical College of the New York Infirmary
31. Syracuse University

32. Woman's Medical College of Cincinnati
33. Wooster College, Cleveland
34. Toledo Medical College

continued

35. University of Oregon

36. Woman's Medical of Pennsylvania

37. Meharry Medical Department of Central Tennessee College

Ecletic (9 out of 10)

1. Georgia College of Eclectic Medicine and Surgery, Atlanta
2. Bennett College of Eclectic Medicine and Surgery, Chicago
3. Eclectic College of Physicians and Surgeons, Indianopolis
4. Iowa Eclectic Medical College, Des Moines
5. American Medical College, St. Louis
6. Medical Department of Cotner Univ., Lincoln, Nebraska
7. Eclectic Medical College of the City of New York
8. American Eclectic Medical College, Cincinnati
9. Eclectic Medical Institute, Cincinnati

Homeopathic (13 out of 17)

1. Hehnemann Hospital College, San Francisco
2. Hahnemann Medical College and Hospital, Chicago
3. National Homeopathic Medical College, Chicago
4. Homeopathic Medical College, State University of Iowa
5. Southern Homeopathic Medical College, Baltimore
6. Boston University School of Medicine
7. Homeopathic Medical College, University of Michigan
8. College of Homeopathic Medicine and Surgery, Univ. of Minnesota
9. Kansas City Homeopathic Medical College
10. Homeopathic Medical College of Missouri, St. Louis
11. New York Medical College and Hospital for Women
12. Cleveland University of Medicine and Surgery
13. Hering Medical College, Chicago

Physio-Medical (2 out of 2)

1. Chicago Physio-Medical College
2. Physio-Medical College of Indiana, Indianopolis

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Women admitted to 35 % of REGULAR medical schools

Women admitted to 83 % of SECTARIAN medical schools